

MAINTENANCE FEE PAYMENT (Example Form)	Reserved for COUNTY RECORDER INFO ONLY → Requires an → original → document that → is signed and notarized.
Submit copy with payment to: MSO – Bureau of Land Management-USDI 5001 Southgate Drive Billings, Montana 59101-4669	

Maintenance Fee payment of \$125 per claim/site --pursuant to the FY 1999 Omnibus Reconciliation Act of October 21, 1998 (PL 105-277; 112 Stat 2681-232,235), and Public Law 108-447 of December 8, 2004.

(Fee may be paid by cash, check, money order, BLM Declining Deposit Account (DDA), or Visa/Master card payable to the U.S. Department of Interior, Bureau of Land Management (BLM). Submit payment to the above address. Payment must be received on or before September 1 or the envelope must be postmarked by a bona fide mail delivery service on or before September 1 and received within 15 days. **OR** The fees may be paid by completing this form and submitting to the BLM by facsimile/fax, (406) 896-5298, and then contact the BLM Information Access Center-Accounts at (406) 896-5004 with credit card information. ***Submit prior to August for a quicker return of receipt*.**)

*If the maintenance fee was waived in the previous assessment year, you must complete the assessment work for that year and submit a Proof of Labor to BLM.

*Failure to pay maintenance fees or file waiver certification on or before Sept. 1 results in the claim/site being forfeited by operation of law.

*Uncollectible check, financial instrument, and card payment will be deemed as nonpayment of fees and if after due date claim/site forfeited.

*You cannot modify document or pay additional fees after the due date.

MAINTENANCE FEE(S) in the amount of \$ _____ is paid for the following _____ mining claim/site(s):

CLAIM/SITE NAME(S) & MMC NUMBER(S) (please print or type in serial number order):

1 _____	11 _____
2 _____	12 _____
3 _____	13 _____
4 _____	14 _____
5 _____	15 _____
6 _____	16 _____
7 _____	17 _____
8 _____	18 _____
9 _____	19 _____
10 _____	20 _____

CLAIMANT/REMITTER NAME, & MAILING ADDRESS (please print or type):

*THIS ADDRESS will be used to UPDATE the records if it is for the claimant on BLM records.

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SIGNATURE: _____ DATE: _____

*****FOR BLM USE ONLY*****	
PAID for Assessment Year _____	
# of Claims _____ Receipt#	Amount _____
Adjudicator	

Title 18 USC Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statement or representations as to any matter within its jurisdiction.